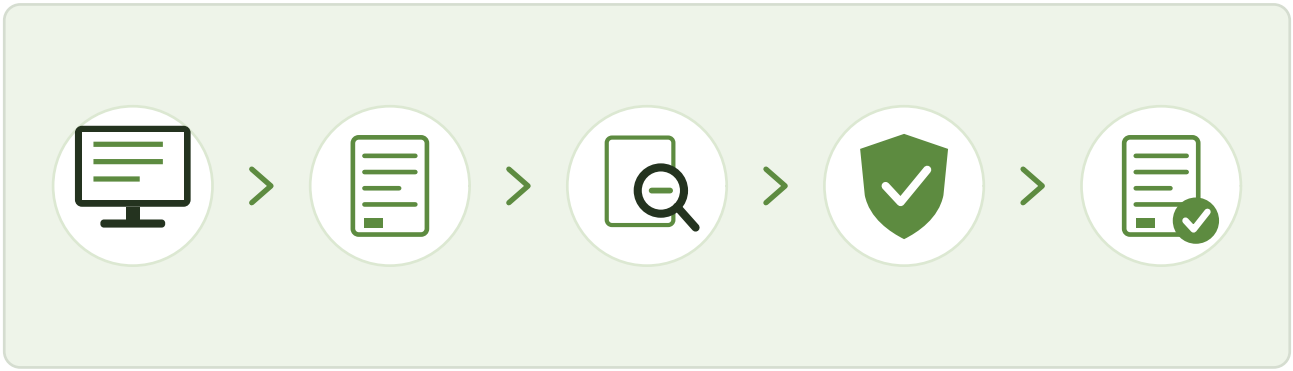
ProServe
PRACTICE MANAGEMENT



CASE STUDY

Charge Entry & Claim submission Services

THE CLIENT

One of the leading Medical Billing Company in Texas

REQUIREMENT

Charge Entry & Claim submission Services

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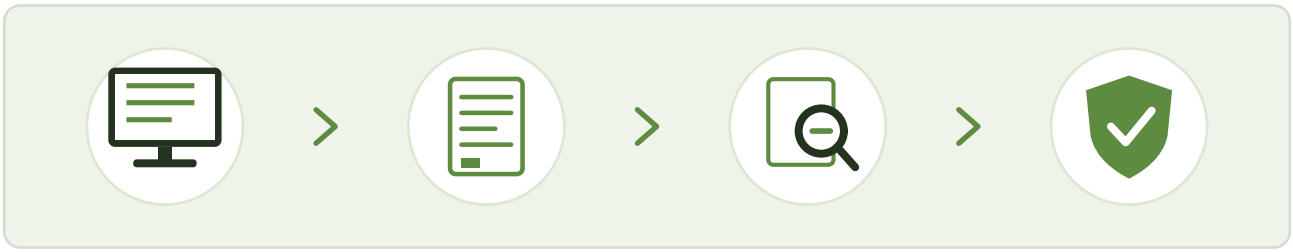
Client Background & Business Requirements

The client required dedicated Charge Entry services to support its medical billing operations and ensure that clinical services were translated into accurate, complete, and submission-ready insurance claims.

The existing workflow faced recurring operational bottlenecks that affected billing productivity, claim acceptance, and revenue cycle efficiency.

The primary requirement was to establish a reliable charge entry process that could:

- Validate patient and insurance demographics before claim submission.
- Ensure accurate charge entry based on the information provided in clinical documentation and billing records.
- Adhere to clinic-specific, provider-specific, and payer-specific billing guidelines.
- Minimize preventable claim rejections through appropriate front-end validation.
- Reduce pending inventory and improve claim submission turnaround time.
- Establish a consistent feedback mechanism for recurring errors and billing discrepancies.
- Support predictable claim submission and a healthier revenue cycle.



Key Challenges faced by the Client

1. Continuous Demographic, Billing/Coding errors
2. Fail to follow Clinic/Provider specific billing guidelines
3. Higher Rejection rates & low first pass claim acceptance
4. High Back log
5. Delayed Claim submissions and untimely filling of claims
6. Higher AR days
7. Delayed Cash flow



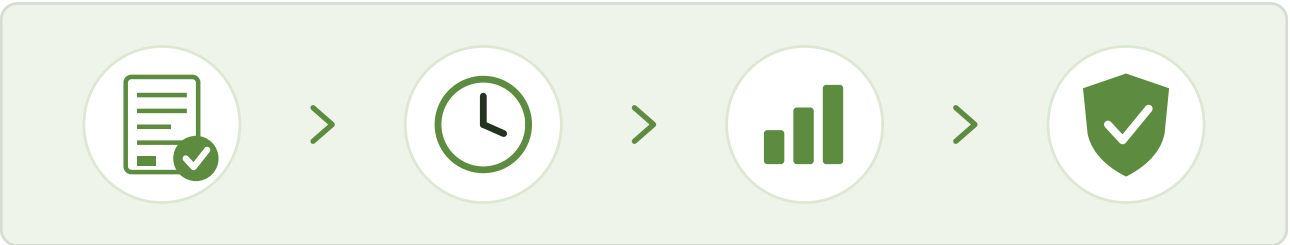
Our Solutions - Charge Entry Services

1. Deployed experienced billing resources to strengthen charge entry accuracy and workflow efficiency.
2. Implemented robust demographic, billing, and pre-submission validation checks.
3. Ensured adherence to clinic, provider, and payer-specific billing guidelines.
4. Introduced rejection analysis, root-cause identification, and proactive claim-scrubbing recommendations.
5. Strengthened backlog monitoring, inventory prioritization, and timely claim processing.
6. Improved client coordination and resolution of pending billing queries.
7. Established a continuous feedback loop with the clinic to prevent recurring errors.
8. Ensured timely submission of clean claims to minimize avoidable rejections and timely filing risks.



Results & Values Delivered

- Strengthened charge entry accuracy through standardized workflows and robust data validation.
- Improved compliance with clinic- and provider-specific billing guidelines.
- Reduced preventable rejections through proactive claim scrubbing and root-cause analysis.
- Improved backlog management, inventory visibility, and resolution of pending claims.
- Enhanced client coordination and accelerated resolution of billing queries.
- Improved claim submission timeliness, minimized timely filing risks, and supported consistent cash flow.



CHARGE ENTRY PROCESS FLOW

Includes rejection correction, resubmission, and feedback to clinic

